

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION | <i>Dr</i> | | 04-05-01 |
| O.I.P.E. CLASSIFIER | <i>7/2</i> | 1020 | 9-13-01 |
| FORMALITY REVIEW | | | 10/14/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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09/10/01